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Bib Data Sheet

CONFIRMATION NO. 4761

SERIAL NUMBER 10/010,140	FILING OR 371(c) DATE 12/06/2001 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. AWZ-003
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/254,987 12/12/2000

**** FOREIGN APPLICATIONS *******

DENMARK PA 2000 01829 12/06/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****

** 01/07/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NORWAY	SHEETS DRAWING 0	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

000959

TITLE

Medical prosthetic devices and implants having improved biocompatibility

FILING FEE RECEIVED 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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